DOCUMENT RESUME

ED 191 612 RC 012 188

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TITLE A Proposed Model of Advocacy Services for Undocumented Aliens with Mental Health Needs.
PUB DATE 23 Apr 80
NOTE 19p.: Paper presented at the Annual Conference on Ethnic and Minority Studies (8th, LaCrosse, WI, April 23-26, 1980).

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Delivery Systems: Family (Sociological Unit): *Illegal Immigrants: *Mental Health Programs: Mexican Americans: *Mexicans: *Models: *Problems: *Social Services
IDENTIFIERS *Advocacy

ABSTRACT

Because previous studies that focus on undocumented aliens (those residing in the United States illegally) fail to define the barriers that inhibit use of mental health services, the proposed model considers these barriers and outlines ways in which social workers employed in mental health institutions can actively help undocumented Mexican families. Fear of apprehension adversely affects the mental health of undocumented aliens and produces a need for mental health services. Advocacy, which is the intervention on behalf of the undocumented family by social workers, is divided into four areas of practice: family advocacy (the social worker represents an individual or family): community advocacy (an agency board or staff takes collective action to change a condition): legislative advocacy (an agency or organization attempts to influence the course of a bill or other legislation): and ombudsmanship (an advocate intercedes with impersonal, frequently unjust operations of large bureaucracies). Barriers to the use of advocacy service include problems within the individual alien, which can be lessened by counseling: obstacles in the environment, which can be overcome by making the environment responsive to the needs of aliens: and barriers within the institution, which can be corrected by providing an advocate for clients who feel that their needs are not being met. Administrations of social work and Mental Health must agree on scope of services so that together they can provide a supportive structure in which advocacy services can develop. (CM)

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A Proposed Model of Advocacy Services For Undocumented Aliens With Mental Health Needs

by

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Paper presented at the Eighth Annual Conference on Ethnic and Minority Studies, La Crosse, Wisconsin, April 23-26, 1980.

RC 012188

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INTRODUCTION

Since 1900 immigration to the United States from Mexico has been a pattern of constant legal and illegal entry. Mexico has supplied more immigrants with United States working visas between 1957 and 1966 than any other country. 1) However, an unknown number enter the country illegally, for example, the AFL-CIO estimates the total number of illegal aliens residing in the United States is over 8 million. 2) The ease of entry of illegal aliens can be observed from three perspectives: two thousand miles of contiguous border difficult to patrol. 3) Procrastination by the U.S. Congress in settling the issue of Western Hemisphere Immigration; 4) and the continual lure of employment opportunities for a poor population living in a third world country by a rich nation. In the absence of solutions, this country can expect a continuing migration of Mexican aliens both legally and illegally. 5) As a consequence the service delivery system of health and mental health agencies will have to address themselves to the possible availability of services to these aliens. Immigration from one country to another can cause stress and disruption to family life to illegal aliens. The transfer means the family members health and mental health are at risk. Thus, the obtainment of health and welfare services such as health care; employment; social welfare provision; and

adequate housing can influence the family's capability to cope in another country. Illegal status affects the mental health of family members. The family that has decided to cross the border illegally must cope with fears of apprehension by the INS. Furthermore, the family is vulnerable to exploitation from persons residing in the U.S. because there exists the threat to report the family to the INS. Bustamante writes that, "the threat of apprehension is always present in the illegal aliens's mind and tends to interfere with his or her social contacts". 6) One can speculate that while immigration may be disruptive to family life, illegal status imposes undue anxiety which may affect use of health and welfare services by illegal families, but will have no affect on resident families.

The purpose of this presentation is to discuss the studies that have focused on undocumented aliens; discuss barriers that unhibit the undocumented from using mental health services and outline ways in which social workers employed in mental health institutions can become actively involved in helping this group. In this article legal alien families from Mexico are defined as those families who have legally been admitted to the U.S., whereas undocumented families are those residing in the U.S. who have entered illegally.

Despite the recent attention focused on the special needs of the Mexican American, there is still a widespread lack, even

among professionals, of a working knowlege and understanding of the problems facing this particular population. What problems do undocumented Mexican Aliens encounter because of their illegal status? What has been their experience with health and welfare institutions? How can social workers assist them with services? The following sections describe the studies which have focused on the problems of this group and their experience with institutions, and explain the services advocacy can provide.

REVIEW OF THE LITERATURE

There are three principle sources of data available on the illegal Mexican alien:

1) Migration data
2) Arrest records
3) Experiences and interviews with aliens

Historical literature, which is primarily descriptive, explains background factors concerning illegal alien movement. These studies deal with Mexico's high rate of fertility, its economic and employment problems and its dislocated rural population being forced into the labor market of the United States. (7) (8) (9) (10) Other scholars elaborate on the technical revolution within Mexico as a dislocating factor that places large number of unemployed rural peasants in border areas in search of employment. (11) (12)

A second source of information are arrest records as reported by the immigration records of law enforcement agencies. Dagadag conducted a study to determine the place of origin from which illegal aliens migrate. (13) The sample consisted of 3,204 selected case records filed during a six month period of illegal aliens seized in the Chula Vista sector in California. One finding was that most of the aliens migrated from Central Mexico. The study also found that most illegal aliens were low-skilled laborers searching for employment. A greater percentage were single with one-third being married. There was no category for single-parent families. The study did not include women who were engaged in employment. (14) Another study by Parker Frisbe focused on a 20-year longitudinal analysis of border patrol arrests. (15) The period of study was from 1946 through 1965. The results of the study showed that the flow of illegal aliens was clearly affected by the changes in the vigor of agricultural enterprises within the two countries. It concluded 'push factors were of greater importance than pull factors' and that illegal aliens were not attracted to the United States but were forced out by Mexico's economic factors.

The last source of information comes from studies of interested scholars whose studies utilized data from the illegal aliens themselves. They consist of personal interviews with apprehended and unapprehended illegal Mexican

aliens. One of the most daring studies using participant observation techniques was the 1969 experiences of Bustamante.

(16) In Samora's study of illegal aliens, a research assistant (Bustamante) working for Samora assumed the role of an illegal alien. The INS was advised of the study, but not the details. The research assistant left all his identifying papers with a letter from the director of the project in the hands of a lawyer in a United States border city. The research assistant went to Mexico and assumed the identity and behavior of a poor Mexican. When he reached the Mexican border, assistance was given by a smuggler who aided a group of illegals in crossing the border. They were apprehended by the Border Patrol and sent to a detention center. A diary and research notes were sent to Samora in the form of letters, contrary to the findings of previous studies it was found that illegals were attracted to the United States because of labor opportunities in the United States. Most illegal aliens were able to find employment while residing in the United States. The process of crossing the border was dangerous and the illegal alien was exploited by the smuggler and rancher. All of the informants were men.

(17) Another important study was by Julian Samora, who collected data from 493 illegal aliens in detention centers and in the community. (18) He concluded that the movement of illegal aliens was a factor in creating social problems in the

United States. He considered the illegal alien as creating a series of problems in communities where they lived. Problems included housing, public health and welfare, delinquency and crime. He also provided a historical background of illegal migration patterns. A profile of the illegal alien was presented with reasons why they immigrate illegally. All the informants were men.

The most recent study was the doctoral dissertation of Consuelo Lopez. (19) She investigated the differences in family adaptation between undocumented and resident families. The design was a descriptive exploratory type. The two hypotheses were; the presence of security will result in resident aliens demonstrating more security in self and environment than undocumented aliens; and undocumented alien families will have a lower family role congruence than will resident families. Undocumented alien families will have higher role conflict than resident alien families.

The sample consisted of 25 resident and 25 undocumented families chose from the Maravilla Health Center in East Los Angeles. It took her a two year period to collect her data as some aliens were hesitant to be interviewed. The major assumption of the study was that immigrants will undergo a period of resocialization to meet behavioral expectations in America which will differ from those of Mexico. She also investigated the association between the independent variable

immigrant status and the dependent variables of role congruence and family role conflict. Some of her conclusions were that illegal aliens had a strong desire to remain in this country; they felt less secure and more anxious than resident aliens; there was no difference in role conflict and role congruence in both groups; and both groups accepted equalitarian norms in family roles.

The study differed from the others in that the focus was now on the family unit as opposed to single men immigrating. She did not go in depth as to the type of welfare services used by both groups but only included parks, schools, and insurance plans. Another limitation was not inquiring as to the type of supportive services the informal network gave in times of need. The sample was drawn from a health center indicating that both groups knew how to use health resources.

Salcido's study examined the use of formal and informal community services between documented and undocumented alien families. Whereas Lopez concentrated on the family dynamics, this study investigated the use of services and measured percieved stress.

(20) The alien's experiences were viewed within a social system perspective which focused upon the external systems of the economy, community and service institutions. The sample used was a purposive type that consisted of 25 documented all 25 undocumented female aliens from Mexico.

The data indicated that undocumented aliens have less economic resources and education than documented aliens. The migration from one culture to another created stress. And there were less use of health and welfare services among the undocumented group. Both documented and undocumented aliens made use of the informal network for services. None of these studies detect and define barriers which prevent the undocumented from maximizing their use of mental health service barriers and proposed model services will be conceptualized after a discussion of advocacy.

ADVOCACY SERVICES A MODEL FOR MENTAL HEALTH

Advocacy can be divided into four areas of practice: 1) family advocacy, in which the social worker represents an individual or family; Hugh, et.al., recommends that the representative fights the battle with the system, with the ultimate goal of showing the client or family how to fight its own battles; (21) 2) community advocacy in which a board or staff of an agency takes collective action to change a condition affecting the lives of the agency's clients; 3) legislative advocacy which refers to "any individual agency, or organization which attempts to influence the course of a bill or other legislative measure," according to Patti and Deal; (22) 4) omsbudsmanship, the least familiar of advocacy functions, which

"controls and regulates the impersonal, frequently unjust operations of large bureaucracies such as government departments, universities, correctional institutions, and welfare agencies.

(23) Social workers engaged in Mental Health Services must be capable of using all four interventions to assist the undocumented and selecting one or a combination of the four which best fits the client's situation. As members of a mental health team, social workers possess the knowledge and professional skills needed to engage in advocacy.

The advocacy program should incorporate some basic principles as part of service delivery. Central to the concept of advocacy, is that the undocumented have legal and consumer rights. Hence, advocates must view their undocumented clients as ordinary consumers, regardless of their backgrounds or ages. An inseparable corollary, is the assumption of the human rights of each client. Showing respect to individuals regardless of their cultural background, is an intrinsic part of service delivery, and the goal of the advocacy system should be to provide humane treatment and emotional support for each client, as well as specific information.

Another principle of advocacy is the provision of an environment conducive to the physical, intellectual, and emotional well-being of the undocumented within the health care institution. If the institution creates an environment

inimical to the well-being of the undocumented patient, the advocate should notify the proper authorities within the institution. Maintaining maximum contact between the mental health institution and the community comprises the last and encompassing priciple of advocacy service, because the isolation of mental health personnel from the Mexican community they serve has been a major factor in preventing effective delivery of services to that community.

BARRIERS

The application of these practices and principles of advocacy would serve to mitigate some of the problems which have been identified in the review of the literature. Barriers can be conceptualized in three distinct dimensions which inhibit the utilization of mental health services by undocumented aliens: problems within the individual; obstacles in the environment; and barriers within the institution. Lack of education, unfamiliartiy with mental health services, and negative perceptions of institutions, are the problems which inhibit the undocumented from using mental health services. The obstacles in the environment are lack of resources, geographic isolation, and lack of legal status. The barriers existant within the institution are restrictive eligibility requirements, insensitivity to Mexican cultural values, and communication problems. The following sections recommend

specific advocacy services to over come these problems.

THE INDIVIDUAL

Counseling and consumer education are two direct forms of service the social worker can provide to the undocumented. The purpose of counseling should be to assist the undocumented to make the most effective use of services. Counseling should provide information on what mental health services are available, and to what degree they can be of benefit. Counseling should also describe institutional procedures and hospital procedures which are not understood because of language differences. Too often, this group is not familiar with what mental health services is about. All necessary information must be conveyed in a clear and concrete manner, without condesension.

THE ENVIRONMENTAL

The social worker has an important role to play in making the environment responsive to the needs of undocumented aliens. Politica. action and brokerage advocacy are the indirect services in which the worker engages to deal with environmental barriers. The social worker would be a partisan advocate for changes in the present Social Security and Medi-Caid programs which restrict benefits. By lobbying directly with citizens groups in the Mexican American community for these changes, the social worker can influence the legislative process at a

governmental level useful to his or her clients. Likewise, if immigration laws could be changed to allow amnesty to persons 65 and over who have resided in this country for more than five years, this would make a large percentage of the Mexican population and Mexican elderly eligible for SSI and Medi-Caid benefits.

Brokerage, on the other hand, entails acting as an intermediary between the client and existing services in the community. (24) Brokerage, in this context, recognizes the dependence of the individual on his or her social environment, and facilitates change by maximizing the resources available to the client. (25) For example, a Mexican senior seeking Mental Health services may be faced with inadequate housing, no medical or Social Security benefits, and no alien documentation. In such a case, the social worker should review the client's existing resources. If none exists, the worker would then seek out adequate resources for the client. In this way, brokerage expands the role of the advocate beyond the boundaries of the hospital setting to make sure that the client reaches the appropriate services.

THE INSTITUTION

Advocacy services which confront the barriers erected by the institution are both direct and indirect. Ombudsmanship deals directly with individuals within the health care institution,

but research deals with individuals only indirectly. Ombudsmanship is concerned with correcting administrative problems and errors within the health institution. Unlike the broker, the Ombudsman does not link up resources for needy clients, but pinpoints obstacles the institution presents to patients. Ombudsmanship provides an advocate to represent clients who feel their needs are not being met because of red tape or that they are being given the run-around by an insensitive staff.

Research, in contrast, approaches institutional change indirectly. (26) The advocate may investigate and document patterns of service complaints and interview clients to see if they are satisfied with the services provided by the institutions. This research would verify if the services provided are those needed by service consumers, and detect gaps in the services. Research also specifies the barriers in measurable terms which enable the advocate to predict events which may occur again if conditions are not changed.

Counseling and consumer education, political action and brokerage, ombudsmanship and research are all active practices in which social workers can engage, and should be pursued within mental health institutions so to ensure the maximum utilization of existing services by this disadvantaged groups.

The following case history demonstrates the efficacy of such a system. The services provided are problem recognition, counseling, consumer education, and brokerage.

Mr. A., age 65, is an illegal alien from Guadalajara, Mexico. He speaks only Spanish. He has no schooling, so he cannot read in Spanish or English. Mr. A. has no family in the area; only the friend from whom he rents a small room, and with whom he shares food.

Mr. A. has resided in the U.S. for more than 20 years and has paid Social Security contributions and taxes from his pay as a dishwasher just as nativeborn Americans do. He presently draws $80.00 a month from the odd jobs he does in the neighborhood. Mr. A. is sick, yet he feels that he is not entitled to health and welfare benefits he supported with his taxes and SS contributions. He also fears deportation by the Immigration and Naturalization Service. Fortunately, he came to the attention of a social worker at the community health center. With assurances that he would not be turned over to the INS and that the services were free, Mr. A. received health screening at the center. Later diagnosis revealed Mr. A. had severe diabetes.

The social worker gained Mr. A.'s trust, and recognized his lack of resources as the major obstacle to using the health and other services he needed. The adovcate advised Mr. A. about current immigration laws which might make him eligible for resident alien status. As a resident alien, he would be eligible for Medi-Cal benefits and SSI provisions. After identifying Mr. A.'s reasons for not seeking health care, and informing him of his rights under immigration law, and as a consumer, the advocate used brokerage to resolve his medical problems and get the paperwork underway for residency status and welfare benefits:

The worker's first concern was obtaining the medication for Mr. A. He purchased the medication with petty cash funds alloted for that purpose. The worker then accompanied Mr. A. to a United Way-funded agency for assistance in applying for resident alien status. A week

later, the worker accompanied Mr. A, to the welfare office to provide support, and to make sure he understood the necessary forms before signing them.

Mr. A.'s case shows how the advocate recognized the client's problem, overcame the language difficulty and lack of education, informed him of his legal and consumer rights and showed him how to obtain the necessary services from the appropriate institution. Advocacy provided Mr. A. with the medical treatment he needed, and served to connect him with the supportive services he required.

CONCULUSION

It is essential to the effectiveness of an advocacy program that the social work administration and the Mental Health administration agree on the purpose and scope of advocacy services, so that together they can provide a supportive structure in which advocacy services can develop. Utilizing existing resources, wherever possible, maintaining close contact with the Mexican community the institution serves, adhering strictly to the basic humanitarian principles of advocacy, and working together, they can transcend the barriers that have prevailed against consumers within institutions. as well as overcoming the cultural and environmental obstacles to full utilization of MENTAL health care services among the disadvantaged.

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